EMT-1 REGULATORY TASK FORCE MEETING MINUTES January 8, 2003 Holiday Inn Burbank, CA

I. Introductions

Self-introductions were made.

MEMBERS PRESENT Elaine Dethlefsen	EMSA STAFF PRESENT Sean Trask	ALTERNATES PRESENT Bruce Kenagy	MEMBERS ABSENT Nancy Casazza	ALTERNATES ABSENT Patrick Brown
Ray Casillas	Mike Conley		Sandy Margullis	David Nevins
Tom McGinnis	Richard Watson		Pat Kramm	Debbie Notturno
Debbie Meier Dan Paxton Luann Underwood Kevin White Todd Wilhoyte			Donna Ferracone Bruce Haynes Debi Moffat	Karen Petrilla
			Byron Parsons Marco Randazzo Bob Repar Susan Smith John Pritting Jean English Veronica Shepardson John Tysell	

II. Minutes

Approve with the following changes:

- 1. Jeff Schneider was added as a guest.
- 2. The minutes reflect that the letter to Richard Watson referring the single standardized certification examination was supposed to be distributed to the Task Force members for a final review before being submitted to Richard Watson.

III. Agenda

Approved with the following change: Add Richard Watson's discussion to the first item in Old Business.

IV. Old Business:

A. Richard Watson

- 1. Richard Watson gave the EMT-I Task Force Members an update on the proposed legislation to consolidate the EMS Authority with the Department of Health Services. This bill will be introduced during the Special Legislative Session to address the current \$10 billion budget deficit. As of today, the proposed legislation did not have an author or a bill number.
- 2. Richard Watson gave the Task Force Members present his rationale for selecting the National Registry of EMTs examination for the single EMT-I certification examination for California. Richard made the following points:
 - **a.** The National Registry committed to include a representative from California to participate in one of the three item writing committees for test question development. This way the

- California representative could argue for the removal of proposed test questions that are not applicable in California.
- b. The National Registry is willing to hire an additional high level staff member to address the increased volume in business that will be generated by California. The National Registry also stated that they will have longer office hours in order accommodate the time difference from the East Coast and the West Coast.
- c. Mr. Watson read a letter to the Task Force Members present from the National Registry in response to a list of complaints that were sent to the National Registry from the EMS Authority. Mr. Watson did not have the letter from the EMS Authority and asked Sean Trask to send it out to the Task Force members.
- **d.** Mr. Watson expressed a concern that the Chauncey Group would need to develop an exam from scratch and then enter into long term contracts with the 60 different certifying authorities.

B. EMT-I Skills Examination:

Aside from the written certification examination, the Task Force needs to decide on a single skills examination for certification. The Task Force Members present discussed some of the options which are:

- 1. The California Council of EMS Educators (C2E2) Skills exam.
- 2. Los Angeles County EMS Agency's Skills exam (if they give the Task Force permission).
- 3. The National Registry's EMT-Basic Skills exam.

The Task Force Members want to review the various skills exams then make a decision. Sean Trask will send out the C2E2 exam and Luanne Underwood will check with LA County EMS Agency to see if the Task Force could consider their exam for the state. The Task Force also expressed that essential skill need to be determined for passing the skills exam.

C. EMT-I Scope of Practice:

- 1. The Interfacility Task Force reviewed the EMT-I Interfacility Transfer scope of practice items and made one recommendation. That recommendation was to change the term, monitor peripheral lines delivering intravenous glucose solutions, to monitor intravenous lines delivering glucose solutions sub-section (b) (1) of Section 100063 and to change the term peripheral lines to intravenous lines in sub-section (b) (4) of Section 100063. The reason for this change was to reduce or eliminate any confusion regarding an EMT-I transporting a patient with an arterial line or an line running into an arterio-venous shunt. The Task Force Members present agreed to the Interfacility Task Force's recommendation.
- 2. Naloxone administration Senate Bill 1695 was signed by the Governor at the end of the 2002 legislative session which requires the EMS Authority to develop standards for EMT-Is to administer naloxone as an optional skill. A draft curriculum of topics was circulated for the Task Force members to consider. The addition of naloxone to the EMT-I scope of practice will be a local EMS system decision and approval and will not require EMS Authority approval. After the discussion, the Task Force members present agreed to a condensed version of the draft topics which will be added to the optional scope of practice section of the EMT-I regulations.
- 3. General scope of practice discussion The Task Force members present discussed the California EMT-I scope of practice, the scope of practice items contained in the National Standard Curriculum and the National Registry EMT-I Exam. Some of the Task Force members were concerned that the National Registry exam may contain items that are not part of the California scope of practice even with the National Registry's commitment to include a California representative to participate in the test development process to prevent regional biases on the exam The California Ambulance Association representative requested that the minutes reflect that with California going to the EMT-I National Registry exam, the scope of practice items contained in the regulations will not match the scope of practice in the National Registry exam.

4. The Task Force members present agreed unanimously that the Task Force has reached closure on the scope of practice discussions.

D. Continuing Education:

The Task Force members present reviewed a draft of the EMT-I continuing education (CE) language incorporating the recommendations made at the November EMT-I Task Force meeting.

- 1. This draft had separated CE from refresher courses to reduce the confusion of mixing CE with refresher courses.
- 2. The Task Force members present also agreed that any EMT-I training program that receives approval will also receive a CE provider number since the EMT-I training programs have the organizational staff that is required for CE providers.
- 3. The Task Force members also agree that EMT-I recertification candidates need to have a skills validation document every two years in order to recertify. The minimal skills needed for this validation will be identified later after the Task Force Members have an opportunity to review the various skills exams available. The Task Force Members present also agreed that an employer or a training program can issue the skills validation document. The Task Force members also agreed that the time spent on the skills validation will not be included in the 24 hours of training, either CE or refresher course, needed for recertification.
- 4. The Task Force Members present also agreed that the hours of training will remain at 24 for either a refresher course or for CE.
- 5. The Task Force Members present also agreed to the language in sub-sections (c) (1) and (c) (2) of the draft CE document.

V. New Business

A. Review of Task Force Objectives

- 1. Objective #1 Done
- 2. Objective #2 The Task Force needs to select a certifying skills exam and skills for skill validation for recertification.
- 3. Objective #3 Done
- 4. Objective #4 Done
- 5. Objective #5 The Task Force continues to discuss continuing education for EMT-Is.
- 6. Objective #6 Done
- 7. Objective #7 Done
- 8. Objective #8 Done
- 9. Objective #9 Deferred to the Education and Personnel Committee of the Vision Improvement Project.

V. Discussion:

1. Next meeting will be February 5, 2003 in Northern California, the location will be announced later. The meeting will be from 10:00 AM to 4:00 PM.

Recorder: Sean Trask